

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 479

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Cetta

Mailing Address 16 Piney Glen Ct

City

Potomac

State

MD

Zip Code

20854-1411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEP

Occupation

Emergency Physician

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 16 / 2013

Transaction ID : C2332425

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Michael Cetta

Mailing Address 16 Piney Glen Ct

City

Potomac

State

MD

Zip Code

20854-1411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEP

Occupation

Emergency Physician

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 16 / 2013

Transaction ID : C2337309

Amount of Each Receipt this Period

-2000.00

Full Name (Last, First, Middle Initial)

C. Kahang Lee Chan

Mailing Address 1618 Bridgewater Dr

City

Lake Mary

State

FL

Zip Code

32746-4103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FL Emer Phys Kang &amp; Assoc

Occupation

Emergency Physician

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 29 / 2013

Transaction ID : C2337991

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00